

2005

IDAHO INDIVIDUAL INCOME TAX RETURN

See in		N, check the box. 6 for the reasons at the number.								
For ca	alendar year	2005, or fiscal year beginning	g	, ending			- ARF	W M		
	Your first name ar	nd initial	Last name			Your Socia	al Security Number (req	juired)		
PLEASE PRINT OR TYPE	Spouse's first na	me and initial		Spouse's S	use's Social Security Number (required)					
	Mailing address	Mailing address								
	City State Zr Code						☐ ✓ Spouse deceased in 2005			
Do yo	ou need Idaho	o income tax forms mailed to	you next year?	Yes • No						
1 2 3 4 5	Single Married fili	/ /	6. Exemptions Enclaimed on february a. Yoursel Spouse Other deput	parents, or someone else, can claim you (or your spouse) as dependents, enter "0."		my incon npaign Fu	ne tax to go to the l und (\$2 on joint ret	urn).		
ATTACH STATE W-2 COPIES HERE ATTACH PAYMENT HERE	9. Enter you or federal 10. Additions 11. Total. Add 12. Subtraction 13. TOTALAI If you hav	te instruction, page). If federal adjusted gross income from 1040EZ, line 4. Attach a consistence from 59R, Part A, line 7. A dolines 9 and 10	mplete copy of your fedenttach Form 39R. Attach Form 39R. e 12 from line 11. go the carryback period,	eral return.		10	2	00 00 00 00		
	Standard Deduction For Most People									
	Single or Married filing Separately: \$5,000	15. Itemized deductions. Atta16. All state and local income federal Schedule A, line 5	00							
	Head of Household: \$7,300	Household: Household:								
	Married filing Jointly or	19	9	00						
	Qualifying 20. Multiply \$3,200 by the number of exemptions claimed on line 6d. Federal limits apply							00		
	\$10,000	• 21	1	00						
F	22. Tax from tables or rate schedule. See instructions, page 34.							00		
				(Continue to page	2.				

23. Tax amount from line 22.								23			00			
CREDITS. Limits apply. See instructions, page 8.														
24. Ir	come tax paid to other states. Attach Form 39R and a copy of th	e other state returr	n(s)		24					00				
25. C	redit for contributions to Idaho educational entities			• 🛚 :	• 25 C					00				
26. C	redit for contributions to Idaho youth and rehabilitation facilities			[26					00				
27. To	otal business income tax credits from Form 44, Part I, line 14. At	tach Form 44		[27					00				
28. T	OTAL CREDITS. Add lines 24 through 27										28			00
29. S	ubtract line 28 from line 23. If line 28 is more than line 23, enter a	zero.		_							29			00
	R TAXES. See instructions, page 9.													00
	Fuels tax due. Attach Form 75.										30			00
	Sales/Use tax due on mail order, Internet, and other nontaxed purchases													00
	2. Total Tax from recapture of income tax credits from Form 44, Part II, line 10. Attach Form 44										32			00
	ax from recapture of qualified investment exemption (QIE). Attac							4					4.0	00
	ermanent building fund. Check the box if you are receiving Idaho	public assistance	payme	nts			1	1	•		34		10	
	DTAL TAX. Add lines 29 through 34.					1	H				35			00
DONATIONS. See instructions, page 9.										00				
	vish to donate to the Nongame Wildlife Conservation Fund										36			00
	37. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.								37			00		
	38. I wish to donate to the Idaho Guard and Reserve Family Support Fund.								•••••	38			00	
	DTAL TAX PLUS DONATIONS. Add lines 35 through 38.			\							39			00
	ENTS and OTHER CREDITS. See instructions, page 9.										40			00
40. G	ocery credit. \$20 per person claimed on line 6d									•	40			
	dditional grocery credit. \$15 per person 65 or older claimed on lir	1 /												00
42. M	aintaining a home for family member age 65 or older, or developn													00
	pecial fuels tax refundasoline tax										43			00
														00
	05 Form 51 payment(s) and amount applied from 1004 return									····· •				00
	OTAL PAYMENTS AND OTHER SPEDITS. Add In es 40 through	jh 45.									46		//////	<u>00</u>
	UE or REFUND. See instructions page 10.) is less than li	40	CO T	~	NIE.	50							
	e 39 is more than line 46, GO TO LINE 47. If line 39										<u>////</u>	//////////////////////////////////////	<u>///////</u>	
	AX DUE. Subtract line 46 from the 39.										47			00
48. P	Penalty Interest from the due date Enter total								48			00		
С	heck box if penalty is due to an ineligible withdrawal from an Idah	o medical savings a	accoun	nt					-					
49. T	49. TOTAL DUE. Add lines 47 and 48. Make check or money order payable to the Idaho State Tax Commission									49			00	
	. OVERPAID. Line 46 minus lines 39 and 48.					. ////								
Т	nis is the amount you overpaid				50					00)////			
51. REFUND. Amount of line 50 to be refunded to you.)////						
52. ESTIMATED TAX. Amount of line 50 to be applied to your 2006 estimated tax.											///////	00		
	RECT DEPOSIT. See instructions, page 11.													-00
						1	1 1					Type of •	Chec	cking
• R	outing No Account No.											Account: •	Savir	ngs
												T		
AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.														
54. Total tax due (line 49) or overpayment (line 50) on this return									54			00		
55. Refund from original return plus additional refunds									55			00		
56. Tax paid with original return plus additional tax paid								56			00			
57. Amended tax due or refund. Add lines 54 and 55 and subtract line 56.									57			00		
• Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer ider Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.									ntified	d below.				
	Your signature Date Paid preparer's signature							Pre	eparer's EIN, SSN,	or PTIN				
SIGN									-	,				
HERE	Spouse's signature (if a joint return, BOTH MUST SIGN) Daytime phone Address and phone number						1							